

EXHIBIT G

DCP100 HEARING RECORD

EET - LINCOLN

REVIEW OFFICER LT JINDONI, M A
REVIEW DATE 04/05/19 TIER 2
C.R. DATE 08/09/2021 M.E. DATE 08/09/2023

- 1) NAME WILLS, RUBEN W DIN 17A3437 LOCATION 06-NA-20S
2) INCIDENT DATE 04/03/19 INCIDENT TIME 03:15 PM REPORT DATE 04/04/19
3) INMATE WAS NOT CONFINED
4) INMATE RELEASED AT REVIEW
5A) SERVING OFFICER CO MCBRIDE, A M SERVING DATE/TIME 04/05/19 12:08 PM
5B) RELEASED FROM PREHEARING CONFINEMENT? —
AUTHORIZED PERSON N/A DATE AUTHORIZED —/—/—
6) ASSISTANT NAME N/A
7) INTERVIEW DATE —/—/— INTERVIEW TIME —:—
8) HEARING EXTENSION NUMBER none (IF APPLICABLE)
9) IF APPLICABLE, CHECK REQUIRED DRUG TESTING FORMS PROVIDED TO INMATE
PURSUANT TO DIRECTIVE 4937 OR 4938
TEST REQUEST FORMS N/A TEST PROCEDURE FORMS N/A
TEST RESULT FORMS N/A ATTACHMENT A N/A OTHER (SPECIFY) —
10) INMATE 15 ENGLISH SPEAKING
A) IF NOT, WERE CHARGES TRANSLATED AND SERVED TO INMATE? —
B) INTERPRETER AT HEARING N/A
11) HEARING BEGIN: DATE 4/8/19 TIME 4:25 PM END: DATE 4/8/19 TIME 5:18 PM
12) CHARGES: SPECIFY INMATE'S PLEA TO THE CHARGES CONSIDERED AT THE HEARING
CHARGE INMATE'S
NUMBER DESCRIPTION OF CHARGES LT REPORTED BY PLEA
113.14 UNAUTHORIZED MEDICATION LT MCCROREY, M NG
114.10 SMUGGLING LT MCCROREY, M NG

RC *CMPT* *04/10/19* *REVIEWED*

SIGNATURE OF INMATE [Signature]

DATE 4/8/19 TIME 4:25 PM

13) WITNESSES: IF NONE REQUESTED, CHECK HERE ✓

A) REQUESTED BY INMATE

[Signature]
[Signature]
[Signature]
[Signature]
[Signature]

TESTIFIED

Y — N —
Y — N —
Y — N —
Y — N —
Y — N —

IN INMATE'S PRESENCE

Y — N —
Y — N —
Y — N —
Y — N —
Y — N —

B) REQUESTED BY HEARING OFFICER

[Signature]
[Signature]
[Signature]
[Signature]
[Signature]

TESTIFIED

Y — N —
Y — N —
Y — N —
Y — N —
Y — N —

IN INMATE'S PRESENCE

Y — N —
Y — N —
Y — N —
Y — N —
Y — N —

NOTE IF ANY WITNESS IS DENIED OR IF A REQUESTED WITNESS TESTIFIES OUTSIDE THE PRESENCE OF THE INMATE CHARGED, AND/OR THE INMATE IS NOT PERMITTED TO REVIEW TESTIMONY OF SUCH WITNESS, FORM 2176 EXPLAINING THE REASON FOR THAT DETERMINATION MUST BE GIVEN TO THE INMATE AND INCLUDED AS PART OF THE RECORD.

HEARING OFFICER SIGNATURE: [Signature]

LT.

***SUCCESSFUL PRINT COMPLETION**

04/05/2019
DCP004NYS DEPT OF CORRECTIONS & COMMUNITY SUPERVISION
1247
DISCIPLINARY HEARING DISPOSITION DERED

PAGE 1

LINCOLN

TAPE NUMBER 19-36

DIN: 17A3437 NAME: WILLS, RUBEN W

LOCATION: 06-NA-20S

INCIDENT DATE & TIME: 04/03/2019 03:15 PM TIER 2

REPORT DATE: 04/04/2019

REVIEW DATE: 04/05/2019 BY: LT SINDONI, M A

DELIVERY DATE & TIME: 04/05/19 12:08 PM BY: CO MCBRIDE, A M

HEARING START DATE & TIME: 4, 8, 19 4:25 pm BY: LT WoodberryHEARING END DATE & TIME: 4, 8, 19 5:18 pm BY: LT S Woodberry

CHARGE NUMBER	DESCRIPTION OF CHARGES	REPORTED BY	DISPOSITION
113.14	UNAUTHORIZED MEDICATION	LT MCCROREY, M	G
114.10	SMUGGLING		NG

ANY GUILTY DISPOSITION WILL RESULT IN A MANDATORY DISCIPLINARY SURCHARGE IN THE AMOUNT OF FIVE(\$5.00) DOLLARS BEING ASSESSED AUTOMATICALLY AGAINST THE INMATE. SANCTION DATES BELOW ARE SUBJECT TO REVIEW/CHANGE, AND WILL BE CONSECUTIVELY ADDED TO ANY SIMILAR CURRENT SANCTION. IN ADDITION, WHENEVER A CONFINEMENT PENALTY IS BEING SERVED AND A MORE RESTRICTIVE CONFINEMENT PENALTY IS IMPOSED AS A RESULT OF ANOTHER HEARING, THE MORE RESTRICTIVE PENALTY SHALL BEGIN TO BE SERVED IMMEDIATELY, AND ANY TIME OWED ON THE LESS RESTRICTIVE PENALTY SHALL BE SERVED AFTER COMPLETION OF THE MORE RESTRICTIVE PENALTY PERIOD.

PENALTY CODE	DESCRIPTION	PENALTY MO DAYS	START DATE	RELEASE DATE	SUSPEND MO DAYS	DEFERRED MO DAYS	RESTITUTION \$\$\$\$. ¢¢
0000	LOSS of rec	00015	4/9/19	4/24/19			

04/05/2019
DCP004

NYS DEPT OF CORRECTIONS & COMMUNITY SUPERVISION
DISCIPLINARY HEARING DISPOSITION ORDERED

PAGE 2

DIN: 17A3437 NAME: WILLS, RUBEN W

HEARING DATE: 4/8/19

A. STATEMENT OF EVIDENCE RELIED UPON:

Misbehavior Report
1/m testimony

B. REASONS FOR DISPOSITION:

To deter future occurrences such as this.
~~To promote~~ @ To follow Rules of Temp Rel.

C. SPECIAL INSTRUCTION ON CORRESPONDENCE RESTRICTIONS AND REFERRALS

None needed @.t.t.

04/05/19
DCP004NYS DEPT OF CORRECTIONS & COMMUNITY SUPERVISION
1249
CIPLINARY HEARING DISPOSITION

PAGE

3

DIN: 17A3437 NAME: WILLS, RUBEN W

HEARING DATE: 4/8/19

SUPERINTENDENT HEARING DISPOSITION RENDERED

CHARGE	DESCRIPTION OF CHARGES	5 YEAR PRIORS	10 YEAR PRIORS
113.14	UNAUTHORIZED MEDICATION	1	1
114.10	SMUGGLING	0	0

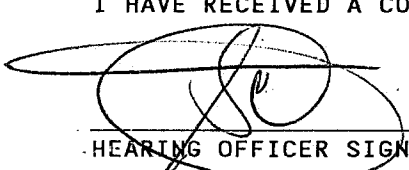

AT THE TIME OF THE HEARING, WAS THIS INMATE HOUSED IN A SHU CELL: ___ YES ☒ NO☒ THE SANCTIONS IMPOSED ARE WITHIN THE PUBLISHED GUIDELINES

OR

___ I HAVE IMPOSED SANCTIONS THAT HAVE DEPARTED UPWARD FROM THE PUBLISHED GUIDELINES, FOR THE FOLLOWING REASON(S):

- ___ OVERALL 'CLIMATE OF FACILITY
- ___ SEVERITY OF OFFENSE
- ___ LOCATION OF OFFENSE
- ___ MANNER OFFENSE WAS COMMITTED
- ___ RISK TO SECURITY
- ___ RISK TO PERSONAL SAFETY
- ___ PROPERTY DAMAGE - RESTITUTION
- ___ DISCIPLINARY HISTORY
- ___ OTHER - EXPLAIN: _____

I HAVE RECEIVED A COPY OF THIS HEARING DISPOSITION DATED: 4/8/19


HEARING OFFICER SIGNATURE
INMATE SIGNATURE4/8/19
DATE & TIME RECEIVED

YOU ARE HEREBY NOTIFIED OF THE FOLLOWING APPEAL PROCEDURES:

☒ FOR TIER II HEARING - APPEAL TO SUPERINTENDENT WITHIN 72 HOURS~~___ FOR TIER III HEARING - APPEAL TO COMMISSIONER WITHIN 30 DAYS~~

SUCCESSFUL PRINT COMPLETION

INMATE MISBEHAVIOR REPORT ♦ INFORME DE MAL COMPORTAMIENTO DEL RECLUSO

1. NAME OF INMATE (Last, First) ♦ NOMBRE DEL RECLUSO (Apellido, Nombre) Wills, Robert	NO. ♦ NÚM. 7A3437	HOUSING LOCATION ♦ CELDA 6N-203
2. LOCATION OF INCIDENT ♦ LUGAR DEL INCIDENTE 6 North - 203	INCIDENT DATE ♦ FECHA 04/03/19	INCIDENT TIME ♦ HORA 3:15 pm
3. RULE VIOLATION(S) ♦ VIOLACIÓN/ES 113.14 - Inmate shall not possess unauthorized medication 114.10 - An inmate shall not smuggle any item in or out of facility		
4. DESCRIPTION OF INCIDENT ♦ DESCRIPCIÓN DEL INCIDENTE On the above date and approximate time, I, Lt. McCauley was present on the unit where Officer Ridley conducted the search of Inmate Wills Locker 7A3437. During the search, Officer Ridley discovered a prescription medication bottle with two different types of pills. After the search, I brought the bottle to Nurse Murphy to identify the pills. She could not readily identify 3 of the pills. On 04/04/19 @ approximately 12:30 pm Nurse Murphy identified the 3 pills as Brudnyl. Inmate Wills does not have a prescription for Brudnyl. Nor were they issued by the facility Nurse.		
REPORT DATE ♦ FECHA 04/04/19	REPORTED BY ♦ NOMBRE DE LA PERSONA QUE HACE EL INFORME McCauley	SIGNATURE ♦ FIRMA
5. ENDORSEMENTS OF OTHER EMPLOYEE WITNESSES (if any) ♦ SIGNATURES: ENDOSOS DE OTROS EMPLEADOS TESTIGOS (si hay) FIRMAS: 1. 2. 3. Ridley		

NOTE: Fold back Page 2 on dotted line before completing below.

6. WERE OTHER INMATES INVOLVED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> IF YES, GIVE NAME & # _____ ¿HUBO OTROS RECLUSOS ENVUELTOS? SÍ <input type="checkbox"/> NO <input checked="" type="checkbox"/> DE SER SÍ DÉ LOS NOMBRES Y DIN _____	
7. AT THE TIME OF THIS INCIDENT: (A) WAS INMATE UNDER PRIOR CONFINEMENT/RESTRICTION? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> (B) WAS INMATE HOUSED IN A SHU CELL? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> ¿ESTUVO EL RECLUSO CONFINADO/RESTRINGIDO PREVIO AL INCIDENTE? SÍ <input type="checkbox"/> NO <input checked="" type="checkbox"/> ¿ESTUVO EL RECLUSO EN UNA CELDA DEL SHU? SÍ <input type="checkbox"/> NO <input checked="" type="checkbox"/> OR 0 0	
(C) AS A RESULT OF THIS INCIDENT, WAS INMATE CONFINED/RESTRICTED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> ¿SE CONFINÓ/RESTRINGÓ AL RECLUSO COMO RESULTADO DE ESTE INCIDENTE? SÍ <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
8. WAS INMATE MOVED AT ANOTHER HOUSING UNIT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> ¿MUDARON AL RECLUSO A OTRA UNIDAD DE VIVIENDA? SÍ <input type="checkbox"/> NO <input checked="" type="checkbox"/> IF YES, (a) CURRENT HOUSING UNIT N/A (b) AUTHORIZED BY _____ DER SER SÍ, (a) UNIDAD DE VIVIENDA ACTUAL (b) AUTORIZADO POR _____	
9. WAS PHYSICAL FORCE USED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> (IF YES, FILE FORM 2104) ¿SE USÓ FUERZA FÍSICA? SÍ <input type="checkbox"/> NO <input checked="" type="checkbox"/> (DER SER SÍ, SOMETE EL FORMULARIO No. 2104)	
AREA SUPERVISOR ENDORSEMENT ENDOSO DEL SUPERVISOR DEL ÁREA	

INMATE MISBEHAVIOR REPORT ♦ INFORME DE MAL COMPORTAMIENTO DEL RECLUSO

1. NAME OF INMATE (Last, First) ♦ NOMBRE DEL RECLUSO (Apellido, Nombre) Wills, Robin		NO. ♦ NÚM. 17A3437	HOUSING LOCATION ♦ CELDA 6N-205
2. LOCATION OF INCIDENT ♦ LUGAR DEL INCIDENTE 6 North - 205		INCIDENT DATE ♦ FECHA 04/03/19	INCIDENT TIME ♦ HORA 3:15 pm
3. RULE VIOLATION(S) ♦ VIOLACIONES 113.14 - Inmate shall not possess unauthorized medication 114.10 - An inmate shall not smuggle any item in or out of facility			
4. DESCRIPTION OF INCIDENT ♦ DESCRIPCIÓN DEL INCIDENTE On the above date and approximate time, I, Lt. McCannery was present on the unit when Officer Ridley conducted the search of Inmate Wills Locker 17A3437. During the search, Officer Ridley discovered a prescription medication bottle with two different types of pills. After the search, I brought the bottle to Nurse Murphy to identify the pills. She could not readily identify 3 of the pills. On 04/04/19 @ approximately 12:30pm Nurse Murphy identified the 3 pills as Brandol. Inmate Wills does not have a prescription for Brandol nor were they issued by the facility Nurse. <div>Inmate Signature 1208 pm</div>			
REPORT DATE ♦ FECHA 04/04/19	REPORTED BY ♦ NOMBRE DE LA PERSONA QUE HACE EL INFORME McCannery	SIGNATURE ♦ FIRMA 	TITLE ♦ TÍTULO Lt
5. ENDORSEMENTS OF OTHER EMPLOYEE WITNESSES (if any) SIGNATURES: ENDOSOS DE OTROS EMPLEADOS TESTIGOS (si hay) FIRMAS: <div>2. </div>			

NOTE: Fold back Page 2 on dotted line before completing below.

DATE AND TIME SERVED UPON INMATE FECHA HORA DADO AL RECLUSO	1208pm 4/4/19	NAME AND TITLE OF SERVER NOMBRE Y TÍTULO DEL QUE ENTREGA	CO A. McCannery
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You are hereby advised that no statement made by you in response to the charges or information derived therefrom may be used against you in a criminal proceeding. ♦ Por este medio se le informa que no se puede usar ninguna declaración hecha por usted como respuesta al cargo o la información derivada de ella en una demanda criminal.

NOTICE ♦ AVISO

REVIEWING OFFICER (DETACH BELOW FOR VIOLATION HEARING ONLY)

You are hereby notified that the above report is a formal charge and will be considered and determined at a hearing to be held. ♦ Por este medio se le notifica que el informe anterior es un cargo formal el cual se considerará y determinará en una audiencia a celebrarse.

The inmate shall be permitted to call witnesses provided that so doing does not jeopardize institutional safety or correctional goals. ♦ Se le permitirá al recluso llamar testigos con tal de que al hacerlo no pondrá en peligro la seguridad de la institución o los objetivos del Departamento.

If restricted pending a hearing for this misbehavior report, you may write to the Deputy Superintendent for Security or his/her designee prior to the hearing to make a statement on the need for continued prehearing confinement. ♦ Si está restringido pendiente a una audiencia por este informe de mal comportamiento, puede escribirle al Diputado del Superintendente para Seguridad o su representante antes de la audiencia para que haga una declaración acerca de la necesidad de continuar bajo confinamiento, previo a la audiencia.

INMATE ID#: 17A3437 WILLS, RUBEN W

LOCATION: 06-NA-20S

TIER 2 HEARING : 06/14/18 12:48 PM LT OCCHIBOVE, J P HUDSON IT
INCIDENT: 06/01/18 06:00 PM CO CRIPPEN, A P HUDSON IT

113.14 UNAUTH MEDIC

30 D RECREATION PACKAGE COMMISSARY SERVICE DTES 06/14/18 07/14/18

30 D PHONE SERVICE DTES 06/14/18 07/14/18

30 D KEELOCK SUSPD TO 09/12/18

TIER 2 HEARING : 03/30/19 07:54 PM LT HINEY, C J LINCOLN

INCIDENT: 03/28/19 11:48 AM CO JOHN, O A LINCOLN

108.14 TEMP RELEASE 113.24 DRUG USE

30 D KEELOCK SUSPD TO 05/29/19

SUCCESSFUL PRINT COMPLETION

Item No. _____ Offense _____
 Suspect Tumetz, Willis 17A3437
 Victim N/A
 Date and Time of Recovery 04/03/19 3:15 pm
 Recovered By C.O. Ridley N
 Description and/or Location Tumetz, Willis
3 Bupropion 150 mg pills found inside another
medication bottle

CHAIN OF CUSTODY

FROM	TO	DATE
C.O. Ridley	Lt. McCleary	04/03/19
Lt. McCleary	General C. C. Lockett	04/03/19
General C. C. Lockett	Nurse Murphy	04/04/19
Nurse Murphy	General C. C. Lockett	04/04/19

TO USE:

- 1) Remove Release Liner from Flap.
- 2) Fold Where Indicated. BAG IS NOW SEALED.
- 3) Tear Where Indicated and Retain Evidence Receipt.

CAUTION: ATTEMPTS TO REOPEN WILL DISTORT SEALED AREA.

CONDITION OF BAG WHEN OPENED: ☐ SEALED

☐ OTHER _____

OPENED BY _____ DATE _____

SIRCHIE® FINGER PRINT LABORATORIES, INC.
 100 HUNTER PLACE, YOUNGSVILLE, N.C. 27596
 PHONE: (919) 554-2264, (800) 356-7311 FAX: (919) 554-2266, (800) 699-6181

CAT NO. 1EB7500

TO REMOVE CONTENTS — CUT ALONG BOTTOM

Immetz 001110 17A 3437
3 Broadway 98115 04/04/19 (identified by NOLAN)

NEW YORK STATE DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION

CELL FRISK/CONTRABAND RECEIPT

LINCOLN CORRECTIONAL FACILITY

Original - Inmate
Copy - DSS

Date: 04-03-19 Frisk Start Time: 3:15 pm Frisk End Time: 3:40 pm

Inmate Name: Wills, Ruben DIN: 17A3437 CELL/CUBE/ROOM: 6N-205

Officer Conducting Search: C.O.N. Ridley N. Ridley
Print Name Legibly Badge # Signature

ITEMS CONFISCATED OR DAMAGED	WHERE FOUND	DISPOSITION OF ITEMS LISTED
3 benzodiazepine pills (gel)	inside of	general
ID	another medication	contraband
	bottle	locker

☐ NO CONTRABAND FOUND

☒ NO PROPERTY DAMAGED DURING SEARCH

NOTICE TO INMATE: YOU MAY WRITE TO THE DEPUTY SUPERINTENDENT FOR SECURITY WITHIN 7 DAYS OF THIS RECEIPT REGARDING THE CONFISCATION OR DISPOSITION OF THESE ITEMS.

NOTE: DURING THIS CELL FRISK, MY INITIALS BELOW INDICATE THAT THE CELL INTEGRITY CHECK HAS BEEN COMPLETED AS FOLLOWS:

FLOORS: (NE) (NO)

SINK/TOILET: N/A

AIR VENT: N/A

WINDOW CHECKED/INTACT: N/A

CEILING: N/A

WALLS: N/A

BARS: N/A

MISC: N/A

IN ADDITION: THE FOLLOWING ITEMS WERE CHECKED FOR COMPLIANCE:

PROPERTY LIMITS (No more than 4 bags of property):

PHOTOGRAPH/PICTURE COMPLIANCE (No nudes visible from the front of cell. All photos/pictures confined in the appropriate 2' x 4' section.)

INMATE ID MATCHES CURRENT APPEARANCE (Checked ID to inmate's current appearance, if the inmate was present for the search.)

Comments:

**Corrections and
Community Supervision**ANDREW M. CUOMO
GovernorANTHONY J. ANNUCCI
Acting Commissioner

NAME:

Willis Ruben

DIN #:

17A34137

DATE OF MISBEHAVIOR:

4/3/19

DATE OF RESTRICTION:

N/A

HEARING OFFICER:

~~Lt. Smith~~ Lt. Rodberry

NOTIFIED OF RELAPSE:

N/A

OTHER:

Hearing must commence & complete by 4/17/19

DATE HEARING ISSUED:

TAPE #:

19-34

Hearing can be held 4/6/19 after
1208 pm.

STATE OF NEW YORK - DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION

REPORT OF STRIP SEARCH OR STRIP FRISK

FORM 1140 (7/11)

Ref. Dir. #4910

DATE:

4-3-19

TIME:

3:45 PM

PROCEED WITH FRISK

FRISK
LOCATION:

DIN: 17A3437

INMATE NAME: Wills, Robert

CANINE INDICATED (HIT)

GIVE REASONS:

BASIS OF SEARCH/FRISK:

☒ PROBABLE CAUSE☐ OTHER

TYPE OF SEARCH

☒ STRIP SEARCH☐ STRIP FRISK

AUTHORIZED BY:

McCormack Lt

SIGNATURE:

[Signature]

NAME/RANK OF PERSON(S) CONDUCTING FRISK:

ARTANASIO

1)

2)

N/A

- If Other Staff are Present, List Name/Rank, and Explain Why Their Presence was Necessary and Who Authorized Their Presence:

N/A

RESULTS OF SEARCH:

NO CONTRABAND FOUND

WAS FORCE REQUIRED TO COMPLETE THE SEARCH?

☐ YES☒ NO

SIGNATURE:

[Signature]

Orig. IRC (Inmate File)

cc: Captain (Retain 1 Yr.)

cc: DSS

NEW YORK STATE DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION

CELL FRISK/CONTRABAND RECEIPT

Original - Inmate
Copy - DSS

HTF 10 CORRECTIONAL FACILITY
Date: 2/3/19 Frisk Start Time: 3:15 pm Frisk End Time: 3:40 pm
Inmate Name: Wills, Ruben DIN: 17A3437 CELL/CUBE/ROOM: 6-205
Officer Conducting Search: M. Hickey 25867 M. Hickey
Print Name Legibly Badge # Signature

ITEMS CONFISCATED OR DAMAGED	WHERE FOUND	DISPOSITION OF ITEMS LISTED
<u>potatoe chip bags</u>	<u>In Locker</u>	<u>N/O</u>
<u>medication</u>	<u>In Locker</u>	<u>N/A</u>
<u>DA</u>	<u>MA</u>	<u>GE</u>
<u>Done</u>		

☐ NO CONTRABAND FOUND

☒ NO PROPERTY DAMAGED DURING SEARCH

NOTICE TO INMATE: YOU MAY WRITE TO THE DEPUTY SUPERINTENDENT FOR SECURITY WITHIN 7 DAYS OF THIS RECEIPT REGARDING THE CONFISCATION OR DISPOSITION OF THESE ITEMS.

NOTE: DURING THIS CELL FRISK, MY INITIALS BELOW INDICATE THAT THE CELL INTEGRITY CHECK HAS BEEN COMPLETED AS FOLLOWS:

FLOORS: NCF
AIR VENT: NCF
CEILING: NCF
BARS: N/A

SINK/TOILET: N/A
WINDOW CHECKED/INTACT: NCF
WALLS: ✓
MISC: NCF

IN ADDITION: THE FOLLOWING ITEMS WERE CHECKED FOR COMPLIANCE:

PROPERTY LIMITS (No more than 4 bags of property): Complied
PHOTOGRAPH/PICTURE COMPLIANCE (No nudes visible from the front of cell. All photos/pictures confined in the appropriate 2' x 4' section.) Complied
INMATE ID MATCHES CURRENT APPEARANCE (Checked ID to inmate's current appearance, if the inmate was present for the search.) on hold

Comments: _____

